PTO/SB/21 (12-97)

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	Application Number	10,773,657	RECEIVED	
TRANSMITTAL	Filing Date	Fet ruary 6, 2	004 CENTRAL FAX CENTER	
FORM	First Named Inventor	Fritz LEBER	JUN 2 1 2005	
(to be used for all correspondence after initial filing)	Group Art Unit	36:11		
	Examiner Name	Saril RODRIG	UEZ Fax: (571) 273-8300	
Total No. of Pages in this Submission: 11	Attorney Docket Number	ZAHFRI P590	ous	
ENCLOSURES (check all that a pply)				
☐ Fee Transmittal Form	☐ Assignment papers (for an Application)		☐ After Allowance Communication to Group	
☐ Fee attached ■ Response	☐ Drawing(s)		Appeal Communication to Board of Appeals and Interferences	
☐ After Final	☐ Licensing-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information	
☐ Affidavits/declaration(s)	☐ Petition Routing Slip (PT and Accompanying Petiti			
☐ Extension of Time Request	☐ To Convert a Provisional	Petition		
· 🗆 Express Abandonment Request	☐ Power of Attorney, Revo			
☐ Information Disclosure Statement	☐ Terminat Disclaimer		(please identify below):	
☐ Certified Copy of Priority Document(s)	☐ Small Entity Statement			
☐ Response to Missing Part/s Incomplete Application	☐ Request for Refund			
Response to Missing Parts under 37 CFR 1.52 or 1.53				
REMARKS				
SIGNATURE OF APPLICANT, ATTORNE (, OR AGENT				
Firm or Individual Name Scott A. Daniel	Scott A. Daniels DAVIS & BUJOLD, P.L.L.C.		Reg. No. 42,462 CUSTOMER NO. 020210	
Signature 572	Manue,			
Date June 21, 2005				
CERTIFICATE OF TRANSMISSION				
I hereby certify that this correspondence is being facsimile transmitted to the USPTO onJune 21, 2005_				
Type or printed name Scott A. Daniels				
Signature Date: June 21, 2005				

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JUN 2 1 2005

6/21/05

PATENT APPLICATION :

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Fritz LEBER

Serial no.

10/773,657

Filed

February 6, 1:004

For

HYDRODYNAMIC TORQUE CONVERTER

Group Art Unit

3681

Examiner

Saul RODRI-BUEZ ZAHFRI P590US

Docket

The Commissioner for Patents U.S. Patent & Trademark Office

P. O. Box 1450

Alexandria, VA 22313-1450

RESPONSE

Dear Sir:

[XXX] NO FEES ARE PAYABLE WITH RESPECT TO THIS RESPONSE.

In response to the official action mailed March 29, 2005, please enter the following before reconsideration of this application.

In the Claims:

Please amend claim 9, 10 and 16 and add new claims 17-24 as follows in which the claim additions are shown by underlining and/or the claim deletions are shown by strikeout or brackets. Please enter the amended claims into the record of this case.